PRINTED: 8/29/2023 FORM APPROVED 2567-L

(X6) DATE:

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 03/21/2023			
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LIGENSE NUMBER, KOL TO701			STREET ADDRESS, CITY, STATE, ZIP CODE: 2030 ADER ROAD JEANNETTE, PA 15644						
STATE LICENSE NUMBER: KOLTO701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
Н 0000	INITIAL COMMENT			H 0000					
H 0023	This report is the result recertification survey of 2023, at Express Mobilithat the facility was not requirements of 42 CF. Conditions of Participal Provider.	conducted on March le X-ray. It was dete t in compliance with R, Title 42, Part 486 ation for a Portable X	ermined the - K-ray	H 0023	TITLE:	(X6) DATE-			

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860		A. BLDG: _ B. WING: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 03/21/2023	
EXPRESS	VIDER OR SUPPLIER:  MOBILE X-RAY  SE NUMBER: KOLTO701		STREET ADDRESS, 2030 ADER RO JEANNETTE,	OAD	IP CODE:		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY ( TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Н 0023	Continued from page 1  486.104(b) PERSONNEL Continued of portable X-rorientation program for personanual which is available to incorporates relevant portion documents, and includes sport This REQUIREMENT is not seen to be a seen as a seen and include to the seen as a seen as	ray services must have an sonnel, based on a process all members of the staffers of professionally reconcifically required instru	dural f, gnized	Н 0023	We have revised our H23A I on Personnel orientation to in 1. An additional training form will be completed online on electronic PAYCOM portal tenhance our Technologist competency as part of our onboarding process.  2. We have also revised our acknowledgment form to incisign off page as receipt of enhandbook, as well as policy a procedure manual and overal completion of the training for This will pull together our el onboarding and sign offs und H23A insert operational poli procedures for Express Personientation  The onboarding process will responsibility of the hiring mand will be monitored by usi electronic checklist in Payco will not allow the onboarding process to be completed with elements being done. This corrective action started on 4	melude: m that our to  H23A lude, a nployee and ll rm. ectronic der the cies and onnel be the nanager ng an m that g nout all	Completion Date: 04/18/2023 Status: APPROVED Date: 04/21/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:  00	(X3) DATE SURVE COMPLETED:	EY
		39X0009860		B. WING: _		03/21/2023	
EXPRESS	VIDER OR SUPPLIER:  MOBILE X-RAY  E NUMBER: KOLTO701		STREET ADDRESS, 2030 ADER RO JEANNETTE,	OAD	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Н 0023	Continued from page 2			Н 0023	All documents have been prouploaded accordingly.  The technologist that did not properly documented onboar Kaylee Thomas, was provide documents and acknowledge training with her signature of In conclusion, POC tag #002 been implemented fully as of	t have rding, ed all ed the n 4/3/23.	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 03/21/2023	
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701		STREET ADDRESS. 2030 ADER R JEANNETTE	OAD	IIP CODE:			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
H 0023	Based on a review of the interview with staff (E facility failed to provide an orientation program portions of professional and includes specifical one of two radiology to position since the last in Findings include:  A review of facility por Personnel Orientation 2/2022, revealed: " A thoroughly trained in the Express Mobile Diagnowill be familiar with the Handbook/manual and implementation".  On March 21, 2023, at EMP2 explained that Familiar with the familiar with	MP), it was determined evidence of complete which incorporates ally recognized documents are required instructions are certification survey on the content of the established processoric Services LLC, are contents of the Emberresponsible for its approximately 11:30	ned the letion of relevant ments, ons, for to this 7.  SUBJECT: sed edures of They apployee its	Н 0023			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 03/21/2023	
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, 2030 ADER RO JEANNETTE,	OAD	ZIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
H 0023	to work in dispatch, we technologist on April 1 requirements for this p no evidence that PF4 or program for a radiolog for evidence that PF4 or program for radiology "It wasn't done".	0, 2022, after complosition. However, the completed the orientary technologist. When completed the orientary	eting the ere was tion asked	Н 0023			
H 0038				H 0038			

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	(XI) PROVIDER/SUPPLIER/CLIA   (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED:   (X4) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED:   (X4) MULTIPLE CONSTRUCTION: (X5) DATE SURVEY COMPLETED:   (X5) DATE SURVEY COMPLETED:   (X5) DATE SURVEY COMPLETED:   (X6) DATE SURVEY COMPLETED:   (X6) DATE SURVEY COMPLETED:   (X6) DATE SURVEY COMPLETED:   (X6) DATE SURVEY COMPLETED:   (X7) DATE		EY				
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701		STREET ADDRESS 2030 ADER R JEANNETTE	OAD	IP CODE:			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
H 0038	Continued from page 5  486.106(a) REFERRAL BY PRACT  §486.106(a) Standard - Reference on the properties of a physician practitioner a law. Such non-physician practitioner a law. Such non-physician practitioner a law. Such non-physician streating this paragraph. The supplier (1) The portable X-ray test a non-physician practitioner applicable State law; and (2) Such physician or non-signed order specifies the required, the area of the body radiographs to be obtained, includes a statement concernation properties of the properties o	s are performed only on d to practice in the State acting within the scope of actitioners may be treate beneficiaries for the pure's records show that:  It was ordered by a physic acting within the scope ophysician practitioner's eason a portable X-ray tely to be exposed, the nur and the views needed; it ning the condition of the portable X-ray services	the or by a of State d the pose of  cian or of  written, est is mber of also	H 0038	We send a requisition to all Medicare providers to include following:  1. How many views of this experience for equired?  2. The reason the exam is mencessary.  3. The area of the body to be described for the radiologic exam.  5. The number of images obtained for the following states "This is included verbiage states "This test is medically necessary for the diagnostic treatment of this patient and to be performed portably"  This is an attestation signed ordering clinician before our Our technologists pick up the designated paperwork for the and then it is uploaded in our encrypted pacs system for seaccess and storage.  This process is monitored by Call Center Operations Man.	exam are edically e imaged eeded for tained e that and exam is by the arrival. e e patient r ecure	Completion Date: 04/18/2023 Status: APPROVED Date: 04/21/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 03/21/2023	ΞY
EXPRESS	VIDER OR SUPPLIER: MOBILE X-RAY E NUMBER: KOLTO701		STREET ADDRESS, 2030 ADER R JEANNETTE	OAD	CIP CODE:		
(X4) ID PREFIX TAG	X MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
H 0038	Continued from page 6			Н 0038	weekly basis to ensure that a necessary documentation has received for each patient received for the charts that were review 3/21/23 as Express uses two and the additional document had been recovered but was the system at the time the receiver viewed. We have a sep Quality Assurance System the ensures any missing/required documentation is recovered week and reported every Fric This process was fully imple on 4/5/23 and both the Call Operations Manager and the Director of Operations are responsible for maintaining compliance moving forward	s been eiving  ailable wed systems ation no in cords parate nat d within a day. emented Center	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860		(X2) MULTI A. BLDG: _ B. WING: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 03/21/2023	
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, 2030 ADER RO JEANNETTE,	OAD	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
H 0038	Based on review of face medical records (MR), staff (EMP), it was dete to ensure that X-ray ex only on the complete or of ten medical records MR3, MR4, MR5, MR MR10).  Findings include:  On March 21, 2023, re "Referral by a physicial revealed "written, si reason an x-ray exam is body to be exposed, the be obtained, and the vidal statement concerning which indicates why ponecessary ".	and interview with a cermined that the faci aminations are perforder from a physicia reviewed (MR1, MR6, MR7, MR8, MR9) wiew of facility policin [sic]" last revised igned order specifies a required, the area of a number of radiographs was needed; It also in the condition of the	of facility failed ormed or for ten 82, 0, and ey 02/2022, s the of the aphs to includes a patient	Н 0038			

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.  39X0009860			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 03/21/2023	EY
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS 2030 ADER R JEANNETTE	OAD	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
H 0038	Review of MR1 on Ma service 1/20/23 revealed the number of radiogration of views needed, and it is x-ray services is necess.  Review of MR2 on Ma service 1/19/23 revealed the reason for an x-ray radiographs to be obtain needed, and indication services is necessary.  Review of MR3 on Ma service 2/1/23 revealed the number of radiographication for why por necessary.  Review of MR4 on Ma service 2/5/23 revealed the number of radiographication for why por necessary.	ed the order failed to aphs to be obtained, andication for why posary.  The arch 21, 2023, date of each the order failed to exam, the number of view for why portable x-range for why portable x-range for the order failed to in the	include number ortable  of include of vs ray  of nclude nd is	H 0038			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE  39X0009860				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 03/21/2023		
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS 2030 ADER R JEANNETTE	ROAD	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEED!	FOF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
H 0038	of views needed, and in x-ray services is necess. Review of MR5 on Maservice 2/7/23 revealed the number of radiogration of views needed, and in x-ray services is necess. Review of MR6 on Maservice 2/12/23 revealed the reason for an x-ray radiographs to be obtated portable x-ray services. Review of MR7 on Maservice 2/14/23 revealed the reason for an x-ray radiographs to be obtaineeded, and indication services is necessary.	sary.  arch 21, 2023, date of the order failed to imply to be obtained, indication for why posary.  arch 21, 2023, date of the order failed to rexam, the number of sis necessary.  arch 21, 2023, date of the order failed to rexam, the number of the order failed to rexam, the number of the order failed to rexam, the number of view ined, number of view	of nclude number ortable  of include of for why  of include of include of the inc	H 0038			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 03/21/2023		
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, 2030 ADER R JEANNETTE	OAD	MP CODE:	1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
Н 0038	Review of MR8 on Maservice 2/16/23 revealed the number of radiogral of views needed, and in x-ray services is necess.  Review of MR9 on Maservice 2/19/23 revealed the reason for an x-ray radiographs to be obtain needed, and indication services is necessary.  Review of MR10 on Maservice 2/20/23 revealed the number of radiographs to be obtain needed, and indication services is necessary.  Review of MR10 on Maservice 2/20/23 revealed the number of radiographs of views needed, and in x-ray services is necessary.  On March 21, 2023, at the above findings.	ed the order failed to aphs to be obtained, andication for why posary.  The property of the property of the order failed to exam, the number of the order failed to exam, the posary.  The property of the property of the order failed to aphs to be obtained, andication for why posary.	include number ortable  f include of ortable of ortable of ortable of ortable of ortable of ortable ortable ortable	Н 0038				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  39X0009860		:	(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/21/2023				
EXPRESS	VIDER OR SUPPLIER: MOBILE X-RAY E NUMBER: KOLTO701		STREET ADDRESS, CITY, STATE, ZIP CODE: 2030 ADER ROAD JEANNETTE, PA 15644						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF THE INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
H 0039				H 0039					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39X0009860	LIA	(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/21/2023		
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, CITY, STATE, ZIP CODE: 2030 ADER ROAD JEANNETTE, PA 15644					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
H 0039	Continued from page 12  486.106(b) RECORDS OF EXAMINATIONS PER The supplier makes for each patient a record of the of the portable X-ray examination, the name of the paties description of the procedures ordered and performed referring physician or nonphysician practitioner, the operator(s) of the portable X-ray equipment who per the examination, the physician to whom the radiograms sent, and the date it was sent.  This REQUIREMENT is not met as evidenced by:		date of ient, a l, the	Н 0039	The Express Mobile Director Operations worked directly vIT Director at Flex/Premier (Radiologist Reading Provid rewrite their program to inche technologist name as it was non the date of the inspection 3/21/23 when reviewed.  Effective 3/23/2023 every restates the following:  1. Date of record 2. The type of exam (i.e. che hip x-ray, etc.) 3. The reason for the exam be the ordering physician's documentation 4. All identifying patient information of the exam. This is directly under the radiologist read the exam.  The Director of Operations he continued to monitor all outgradiologist reports to ensure proper changes were made to include the above mentioned	er) to ude the missing on  port  est x-ray, ased on  comation who located t who  as going that the	Completion Date: 04/18/2023 Status: APPROVED Date: 04/21/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
39X0009860		39X0009860		B. WING:		03/21/2023	
NAME OF PROVIDER OR SUPPLIER:  EXPRESS MOBILE X-RAY  STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, CITY, STATE, ZIP CODE: 2030 ADER ROAD JEANNETTE, PA 15644				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
Н 0039	Continued from page 13			н 0039	required information. This is every report before it is sent the ordering clinician and/or This is to ensure a complete for all exams completed. As change was made in the programming of every report generated, this will remain in permanently moving forward	over to facility. record this t that is place	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  39X0009860			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/21/2023				
NAME OF PROVIDER OR SUPPLIER: EXPRESS MOBILE X-RAY STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, CITY, STATE, ZIP CODE: 2030 ADER ROAD JEANNETTE, PA 15644						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	(X5) COMPLETE DATE				
H 0039	Based on review of facility policies, review medical records (MR), and interview with staff (EMP), it was determined that the fac to ensure a complete record for ten of ten records reviewed (MR1, MR2, MR3, MR4 MR6, MR7, MR8, MR9, and MR10).  Findings include:  On March 21, 2023, review of facility policies "Records of Examination Performed", last 02/2022, revealed "The supplier creates patient a record of the date of the x-ray example the operator (s) of the portable x-ray equipment of the exam".  Review of MR1 on March 21, 2023, date of service 1/20/23 revealed the record did not the name of the operator.  Review of MR2 on March 21, 2023, date of service MR2 on MR2 on March 21, 2023, date of service MR2 on MR2 on March 21, 2023, date of service MR2 on MR2 on March 21, 2023, date of service MR2 on MR		facility failed facility failed facility failed facility failed facility failed facility faci	Н 0039					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39X0009860			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/21/2023				
NAME OF PROVIDER OR SUPPLIER: EXPRESS MOBILE X-RAY STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, CITY, STATE, ZIP CODE: 2030 ADER ROAD JEANNETTE, PA 15644						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
H 0039	service 1/19/23 revealed the record did not the name of the operator.  Review of MR3 on March 21, 2023, date of service 2/1/23 revealed the record did not it the name of the operator.  Review of MR4 on March 21, 2023, date of service 2/5/23 revealed the record did not it the name of the operator.  Review of MR5 on March 21, 2023, date of service 2/7/23 revealed the record did not it the name of the operator.  Review of MR6 on March 21, 2023, date of service 2/12/23 revealed the record did not the name of the operator.  Review of MR6 on March 21, 2023, date of service 2/12/23 revealed the record did not the name of the operator.  Review of MR7 on March 21, 2023, date of service 2/14/23 revealed the record did not serv		f nclude  f nclude  f nclude  f nclude	H 0039					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39X0009860		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/21/2023			
NAME OF PROVIDER OR SUPPLIER: EXPRESS MOBILE X-RAY STATE LICENSE NUMBER: KOLTO701			STREET ADDRESS, CITY, STATE, ZIP CODE: 2030 ADER ROAD JEANNETTE, PA 15644						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
Н 0039	Review of MR8 on March 21, 2023, date of service 2/16/23 revealed the record did not the name of the operator.  Review of MR9 on March 21, 2023, date of service 2/19/23 revealed the record did not the name of the operator.  Review of MR10 on March 21, 2023, date service 2/20/23 revealed the record did not the name of the operator.  On March 21, 2023, at 11:45am, EMP4 conthe above findings.		include  of include	Н 0039					

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# **Certified End Page**

#### **EXPRESS MOBILE X-RAY**

STATE LICENSE NUMBER: K0LT0701 SURVEY EXIT DATE: 03/21/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

#### PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY